

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		6800	3/2/00
RESPONSE FORMALITY REVIEW			6-7

INDEX OF CLAIMS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) ... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Original	Date
1	✓	11/25/00
2	✓	11/25/00
3	✓	11/25/00
4	✓	11/25/00
5	✓	11/25/00
6	✓	11/25/00
7	✓	11/25/00
8	✓	11/25/00
9	✓	11/25/00
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Claim	Original	Date
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100	✓	11/25/00

Claim	Original	Date
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147	✓	11/25/00
148	✓	11/25/00
149	✓	11/25/00
150	✓	11/25/00

Best Available Copy

HC

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)